

COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL, CONTINUATION OR CIP)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

| This declaration is of the following type: (check one applicable item below) | |
|--|--------|
| □ original □ design □ supplemental | |
| NOTE: If the declaration is for an International Application being filed as a divisional, continuation or continuation-in-part application do <u>not</u> check next item; check appropriate one of last three items. | priate |
| national stage of PCT | |
| NOTE: If one of the following 3 items apply then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR CIP. divisional continuation continuation-in-part (CIP) | |

INVENTORSHIP IDENTIFICATION

WARNING: If the inventors are each not the inventors of all the claims an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION
CULINARY APPARATUS

SPECIFICATION IDENTIFICATION

| the specification of which: (complete (a), (b) or (c)) | | | | | |
|---|--|--|--|--|--|
| (a) is attached hereto. | | | | | |
| (b) was filed on July 14, 2003 as Serial No. 10/618,804 or Express Mail No., as Serial No. not yet known and was amended on (if applicable). | | | | | |
| NOTE: Amendments filed after the original papers are deposited with the PTO which contain new matter are not accorded a filing date by being referred to in the declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental declaration, are those amendments claiming matter not encompassed in the original statement of invention or claims. See 37 C.F.R. 1.67. | | | | | |
| (c) was described and claimed in PCT International Application No filed on and as amended under PCT Article 19 on (if any). | | | | | |
| ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR | | | | | |
| I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. | | | | | |
| I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56, and | | | | | |
| in compliance with this duty there is attached an information disclosure statement in accordance with 37 C.F.R. §1.98. | | | | | |
| | | | | | |

PRIORITY CLAIM (35 U.S.C. §119(a)-(d))

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

| | | (| () ()) | |
|---|---|--|-----------------------------------|--|
| (d) 🛚 | no such applic | cations have been filed | | |
| | Where item (c U.S. itself clair claim. A. PRIOR FO (6 MON | med priority check ite REIGN/PCT APPLIC NTHS FOR DESIGN) | the International Applica | PLICATION |
| | JNTRY (OR DICATE IF | APPLICATION NUMBER | DATE OF FILING (day, month, year) | PRIORITY CLAIMED UNDER 35 U.S.C. 119 |
| | | | | ☐ YES ☐ NO |
| | | | | ☐ YES ☐ NO |
| | | | | ☐ YES ☐ NO |
| CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S) (35 U.S.C. §119(e)) I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below: PROVISIONAL APPLICATION NUMBER FILING DATE | | | | |
| Al | | | F ANY FILED MORE | |
| NOTE: | filing forming to or (2) a continu | the basis for this applicat lation, divisional, or con- | _ | ates as (1) the national stage, complete ADDED PAGES |

CONTINUATION OR CIP APPLICATION for benefit of the prior U.S. or PCT application(s)

under 35 U.S.C. §120.

(Declaration and Power of Attorney – page 3 of 6)

POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

DAVID M. CARTER, Reg. No. 30,949; PETER DELUCA, Reg. No. 32,978; RAYMOND E. FARRELL, Reg. No. 34,816; JOSEPH W. SCHMIDT, Reg. No. 36,920; JEFFREY S. STEEN, Reg. No. 32,063; RUSSELL R. KASSNER, Reg. No. 36,183; CHRISTOPHER G. TRAINOR, Reg. No. 39,517; GEORGE LIKOUREZOS, Reg. No. 40,067, EDWARD C. MEAGHER, Reg. No. 41,189; FRANCESCO SARDONE, Reg. No. 47,918, JUDY NAAMAT, Reg. No. 39,311; DANA A. BRUSSEL, Reg. No. 45,717, JAMES M. LOEFFLER, Reg. No. 37,873, MICHAEL R. BREW, Reg. No. 43,513, and MICHAEL J. PORCO, Reg. No. 46,007, each of them of CARTER, DELUCA, FARRELL & SCHMIDT, LLP, 445 Broad Hollow Road, Suite 225, Melville, New York 11747.

SEND CORRESPONDENCE TO:

DIRECT TELEPHONE CALLS TO: (Name and telephone number)

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Melville, New York 11747

Joseph W. Schmidt, Esq. (631) 501-5700

Tel.: (631) 501-5700 Fax: (631) 501-3526

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents.

| Full name of sole or first inventor | Ashley Kelsey |
|--|--|
| Inventor's signature Oshley Country of Citizenship US Reside | Nelsey Date 11 - 24 - 03 ence East Islip, New York US East Islip, New York 11730 |
| Full name of second joint inventor, if | any |
| Inventor's signature | Date |
| Country of Citizenship | Residence |
| Post Office Ac | ldress |
| Full name of third joint inventor, if ar | ny |
| Inventor's signature | Date |
| Country of Citizenship | Residence |
| Post Office Ac | |
| Full name of fourth joint inventor, if a | any |
| Inventor's signature | Date |
| Country of Citizenship | Residence |
| Post Office Ac | ldress |

CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH FORM A PART OF THIS DECLARATION

| | Signature for subsequent joint inventors. Number of pages added | | | | |
|-----|---|--|--|--|--|
| | Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. Number of pages added | | | | |
| | Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 C.F.R. §1.47. Number of pages added | | | | |
| | *** | | | | |
| | Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (CIP) application. Number of pages added | | | | |
| *** | | | | | |
| | Authorization of attorney(s) to accept and follow instructions from representative. | | | | |
| | *** | | | | |
| | If no further pages form a part of this Declaration then end this Declaration with this page and check the following item. | | | | |
| | This declaration ends with this page. | | | | |